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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

Return should preferably be made by the person who made the original) **SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No. *143

of Birth Globe County Gila No. _____ St. _____

CHILD*	Twin Triplet or other?	and	Number in order of birth
1			

OF BIRTH* Dec 12 1918
(Month) (Day) (Year)

FATHER Philemon C. Merrill

MOTHER Pearl G. Weech

I HEREBY CERTIFY that the child described herein has been named Bruce Merrill
(Give name in full) (Surname)

Mrs Pearl G. Merrill
(Parent's Signature)

(Signature of Physician or Midwife)

Use items to be entered by the local registrar before giving out this form.

Link supplemental reports of birth may be obtained from the local registrar.
41 A.P.

✓ 243-1212-768